



## Employee Consent Form ~ Hepatitis B Vaccine

Organization \_\_\_\_\_

Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Unit/Department \_\_\_\_\_

School Name \_\_\_\_\_ Occupation \_\_\_\_\_

- Before consenting to receiving the Hepatitis B vaccination, please read the "Hepatitis B Information Sheet" provided to you prior to vaccination.
- Please confirm the statements below.

### By signing below, you agree to the following:

- I do not have a fever associated with an acute illness.
- I have never had an allergic reaction to the Hepatitis B vaccine.
- I am not allergic to latex, baker's yeast, or any other component of the vaccine.
- FOR WOMEN: I am not pregnant or breastfeeding. (requires OB physician order)

### Consent

I have read and understood the Hepatitis B Information Sheet about the risks of Hepatitis B vaccination including the risks of not being vaccinated.

I have been given the opportunity to discuss the risks and benefits with my immunization provider.

I consent to receiving the Hepatitis B vaccine injection.

I understand that consent can be withdrawn at any time prior to vaccination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Manufacturer: \_\_\_\_\_ Vaccine Name: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Site of Injection L ☐ R ☐ Deltoid

Signature and Title of Vaccine Administrator \_\_\_\_\_

Date \_\_\_\_\_